

# Membership Form



Date: \_\_\_\_\_

Give this completed form and payment to any SARA officer or mail to: SARA, 772 N. California St., Socorro, NM 87801. Check the appropriate boxes below.

- New Membership  
 Renewal

- Individual - \$10  
 Family - \$15

Name \_\_\_\_\_ Callsign \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email address \_\_\_\_\_

ARRL Member?  YES  NO

ARES Member?  YES  NO

For family membership, list the names of additional family members.

Name \_\_\_\_\_ Callsign \_\_\_\_\_

Work Phone \_\_\_\_\_ email address \_\_\_\_\_

Name \_\_\_\_\_ Callsign \_\_\_\_\_

Work Phone \_\_\_\_\_ email address \_\_\_\_\_

Name \_\_\_\_\_ Callsign \_\_\_\_\_

Work Phone \_\_\_\_\_ email address \_\_\_\_\_

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please do not write below this line

date entered \_\_\_\_\_ autodial assignment \_\_\_\_\_

membership expires \_\_\_\_\_ initial \_\_\_\_\_